

symptoms after onset is rapid; medical attention tends to be sought shortly after onset of such symptoms and, frequently, a previous history of psychiatric disturbance exists. Patients tend not to conceal but to emphasize their disability, and there is often early and prominent loss of social skills. Preservation of attention and concentration is common, disturbance in remote memory is often as severe as that for recent memory and patients tend to give "don't know" answers rather than near-miss responses.

It is important to rule out treatable metabolic or structural disease through careful physical examination and ancillary studies such as computed cerebral tomography. However, because enlarged cortical sulci and ventricular dilatation on computed tomographic (CT) scans do not necessarily imply the existence of dementing illness, the recognition of pseudodementia in the presence of cerebral atrophy must be made on clinical grounds. In this process, psychometric evaluation, including neuropsychological assessment, may be invaluable. Equally important, an accurate psychiatric diagnosis must be established to effect appropriate treatment interventions.

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The Therapeutic Alliance and the Outcome of Psychotherapy

THE IMPORTANCE OF establishing and maintaining a therapeutic alliance in psychotherapy has been a subject of intense clinical interest since Freud's early attempts to define the treatment relationship. The therapeutic alliance has meant an attitude of positive regard between a patient and therapist, the patient's experience of the therapist as supportive and helpful and a sense that the patient and therapist are working together to restore the patient's well-being. There is an agreement between them concerning the techniques and objectives of their collaboration.

The contribution of such a cooperative relationship to the success of psychotherapy is an accepted clinical dictum in diverse psychotherapeutic schools. What is novel, however, is a recent convergence of evidence among psychotherapy researchers to support this clinical lore. At the 1980

Society for Psychotherapy Research meetings in Asilomar, California, five research centers working independently in the United States and Canada reported carefully instituted and reliably rated use of the Therapeutic Alliance Scales. In each instance raters, who had no knowledge of the treatment outcomes, scored audiotapes or transcripts of selected early and late psychotherapy sessions. The ratings were predictive of outcome; a positive alliance was associated with success in psychotherapy and a poor alliance was related to persistent symptomatic distress and social functioning disturbances. In one study, the patient's contribution to the alliance was decisive. Further, ratings of early treatment hours were predictive of outcome, suggesting that by the third to fifth session an attitudinal-affective climate had been created in the therapist-patient relationship that was relatively stable and was a useful prognostic indicator.

These studies have implications for both the practice and evaluation of psychotherapy because they show agreement between hypothesis-generating, descriptive clinical reports and hypothesis-testing research studies. This research is being followed with interest by clinicians who, historically, have ignored scientific evaluations of psychotherapy as esoteric, irrelevant or incomprehensible in relation to the real-life dilemmas of treating patients. Additionally, because the quality of the therapeutic alliance established early in treatment is predictive of the outcome, cases could be monitored while therapy is in progress, thereby permitting therapists to introduce new strategies to counter negative trends and avert treatment failures.

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Cholinergic Hypersensitivity in Patients With Affective Disorders

CONSIDERABLE EVIDENCE INDICATES that depression may reflect increased central acetylcholine activity, relative to catecholaminergic or serotonergic activity, and that mania may be due to the converse mechanism. Most antidepressant drugs have anticholinergic or acetylcholine-sup-